



OHIO DIVISION OF STATE FIRE MARSHAL

CONTRACTOR REGISTRATION APPLICATION**SPECIFY TYPE REQUESTED**☐ Company☐ Individual☐ Automatic Sprinkler and Standpipe Systems☐ Fire Pumps☐ Household Fire Warning Equipment Only☐ Fire Alarm And Detection Equipment☐ Fire Service Mains☐ Engineered Extinguishing Equipment(OTW)☐ Pre-Engineered Extinguishing Equipment (OTW)**Note:** 1) Attach a copy of an Ohio Division of State Fire Marshal Certificate.

For Criteria of application for ANY registration, refer to Columbus Building Code Chapter 4114

PART I: QUALIFICATION CERTIFICATE HOLDER INFORMATION

Application Date _____

I, the undersigned, an Ohio Division of State Fire Marshal Certificate Holder, hereby apply for a Contractor Registration, in the City of Columbus, Ohio, and for that purpose give the following information and answers to ALL of the questions contained in this application:

Name _____ Date of Birth _____ Social Security # _____

Home Address _____ City/State/Zip _____

Home Telephone _____ Business Telephone _____

Have you ever been summoned before any City of Columbus Contractor Board of Review for any type of violation hearing? ☐ Yes ☐ No

If YES, Which Board? _____ Date _____ Board Decision _____

Have you ever pled guilty or been found guilty of any offense other than non-moving traffic violations? ☐ Yes ☐ No

If YES, Please list below

OFFENSE	DATE OF ARREST OR CITATION	PLACE (CITY AND STATE)

Have you ever previously held an Ohio Division of State Fire Marshal Registration with the City of Columbus? ☐ Yes ☐ No

If yes, state previous Company and registration number: Company _____ Registration # _____

PART II: QUALIFICATION CERTIFICATE INFORMATION

Certificate # _____ Date of Issuance _____ Expiration Date _____

Certificate is issued or assigned to (Check One)

☐ Individual Only ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other (specify) _____



PART III: BUSINESS/COMPANY INFORMATION

Business Name _____ Fed ID# _____

Business Mailing Address _____ City/State/Zip _____

Business Email Address _____ Telephone _____

Business Type (Check One)

☐ Individual Only ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other (specify) _____

Certificate Holder's Position with Business/Company _____

(President, Vice-President, Partner, Sole-Owner, Employee, etc.)

How long has the Certificate Holder been in this position? From _____ To _____

PART IV: STATEMENT BY QUALIFICATION CERTIFICATE HOLDER

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right of registration, and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Date _____ Signature of Certificate Holder _____

SWORN to before me and subscribed in my presence this _____ day of _____, in the year _____

Notary Public _____ My Commission Expires _____

Notary Seal Here

OFFICIAL USE ONLY

ISSUE DATE OF REGISTRATION _____ REGISTRATION # _____

BY (LICENSE SECTION) _____ DATE _____

Remarks:



GENERAL INFORMATION FOR CONTRACTOR REGISTRATION

for Ohio Division of State Fire Marshal Certificate Holders

The following information pertains to registrations issued to:

Fire Alarm and Detection Equipment Company

Fire Protection Company

Ohio Division of State Fire Marshal Certified Individual

Section 4114 of the Columbus Code requires the following be presented in order to secure a contractor registration:

1. A Contractor registration application completed by the Ohio Division of State Fire Marshall Qualification Certificate Holder. This Application must be Notarized.
2. **A bond in the amount of \$15,000. YOU MUST USE THE ENCLOSED BOND FORM.** Your bond must expire on the same date as your Qualification Certificate. (For more information, see Bond Information Sheet.)
3. **Evidence of "liability insurance"** written by an insurance company licensed to do business in the State of Ohio with the limits of liability as required by the Ohio Division of State Fire Marshal, Bureau of Licensing and Certification.
4. **Evidence of "Workers' Compensation"** with the State of Ohio for the registration holder, or the assigned company, and employees engaged or to be engaged in the work covered by such registration. Evidence must be a copy of your current Workers' Compensation Certificate of Coverage. Please contact The State of Ohio Bureau of Workers' Compensation at 1-800-644-6292 for additional information about this certificate.
5. **Evidence of State Certification.** All Ohio Division of State Fire Marshal Qualification Certificate holders must submit a copy of their certificate that verifies they are certified through the State of Ohio. A Columbus registration will be issued to the individual or business entity's name that appears on the Qualification Certificate. If you wish to assign your registration to a business, that business name must appear on the certificate. When a business entity name appears on the qualification certificate, the registration will be issued to that business entity ONLY.
6. **Assignment of Registration.** If you wish to assign your registration to a business concern, we must have a current assignment form on file. In accordance with C.C. 4114, when an assignment is made, all documents are to be completed in the name of the business. When completing the assignment form, you must provide a list of no more than six (6) full time officers and/or employees of the business, including yourself. These individuals are required to sign the assignment form. Only persons whose signatures appear on the assignment form are authorized to sign permit applications.
7. **Social Security Number.** You must provide your social security number. If you are assigning your registration to a business concern, you must also furnish the **Federal Taxpayer ID Number** of that business concern. Paperwork that has omitted either of these pieces of identification will be returned without being processed.
8. Registration fee is **\$350.00 per Company** and **\$350.00 per Certified Individual**. Each category of validation shall require a separate registration and a separate fee. Payment may be made in person or by mail to:

Contractor License Renewal

City of Columbus

Building Services Division

757 Carolyn Avenue

Columbus, Ohio 43224

Checks payable to "Columbus - City Treasurer"

MINIMUM PROCESSING TIME FOR SUBMITTED DOCUMENTS IS 10 BUSINESS DAYS!

If additional information is needed, please call the contractor license message center at (614) 645-6083. **This is a voice mailbox. Please leave your name, number, and a brief message. One of our customer service representatives will return your call.** Forms and other information can be found at our website at td.ci.columbus.oh.us